duly approved are registered, provided all the documents prescribed under Schedule D (1) & D (II) of the Notification No. G.S.R. 604(E) dated 24.08.2001 are provided. Whenever required such overseas manufacturers, wilt be inspected as per Good Manufacturing Practice norms.

(d) Under Rule 24-A (5), the applicant shall pay a fee of five thousand US dollars for inspection.

Ayurvedic therapy treatment in Britain's National Health Services

1916. SHRI RAMA MUNI REDDY SIRIGIREDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Britain is preparing to offer India's ancient Ayurvedic Therapy treatment free of cost on its National Health Services; and

(b) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) High Commission of India, London has informed that the question of availability of Ayurveda remedies free of cost on National Health Services, if any, is yet to be decided by the U.K. Government.

Dental Diseases

†1917. SHRI KRIPAL PARMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the dental diseases among children and young people are taking shape of epidemic in the country due to continuous increase in the consumption of chocolate, toffee and cold drinks like Coca Cola and Pepsi, etc.;

(b) whether it is also a fact that AIIMS and Indian Dental Association have suggested to include the dental diseases programme in the National Disease Eradication Programme; and

(c) if so, the decision taken by Government? –

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†Original notice of the question was received in Hindi.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (c) It is true that due to rising consumption of chocolate, toffee and soft drinks there is an increase in the incidence of dental diseases. The Government have initiated a Pilot Project on National Oral Health Care Programme in 5 States of Delhi, Punjab, Maharashtra, Kerala and North Eastern States. The main objective of this programme is to develop a low cost, sustainable and accessible preventive programme. The main component of this programme is the oral health education of the Community *i.e.* to generate awareness among the public about the good oral hygiene and to restrict sticky food items and follow healthy practices.

Medical check-up camps in Jhuggi clusters

1918. SHRI SANTOSH BAGRODIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government run any medical check-up camps regularly in Jhuggi clusters of all metropolitan cities;

(b) if so, whether there have been many cases reported of people suffering from various ailments in jhuggis of Delhi alone;

(c) whether it is a fact that the health conditions of people living in jhuggi clusters have deteriorated; and

(d) the action Government have taken improve the health conditions of people living in the jhuggi clusters?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (d) The data regarding medical check-up camps being undertaken in Jhuggi clusters of all metropolitan cities in the country is not centrally maintained. It is reported by New Delhi Municipal Corporation (NDMC) that regular health check-up camps are being organized in the J.J. Clusters in New Delhi. During the check-up camps, some of the patients are reported to be suffering from Anemia, mal-nutrition, and common cough and cold. The health condition of the people living in Jhuggi clusters has improved. For treatment, Mobile Dispensaries are dispatched to J.J. clusters regularly.